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Bib Data Sheet

CONFIRMATION NO. 8712

<b>SERIAL NUMBER</b> 10784,336	<b>FILING OR 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 47168-00158USD1
<b>APPLICANTS</b> Glen E. Jorgensen, Marlboro, MA; Bruce Berckmans III, Palm Beach Gardens, FL;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/611,681 07/07/2000 PAT 6,716,187 which claims benefit of 60/142,886 07/08/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/15/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 7
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 30223				
<b>TITLE</b> Platelet concentration syringe kit				
<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	